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DR. MONROE'S FRACTURE BENCH.

[Shown and described before the Boston Society for Medical Improvement, Jan. 13th, 1862, by B. E. Cotting, M.D., Associate Member.]

Among the number of simple contrivances for the management of fractures suggested to me since the publication of my paper in the Journal of September last, the "fracture bench" of Dr. A. LeB. Monroe, of Medway, President of the Norfolk (Mass.) District Medical Society, seemed worthy of more extended notice, being especially adapted to the exigencies of country practice. I therefore requested Dr. Monroe to furnish a description for the records of this Society. This he has done; and has added for the cabinet a very neat model, made by a patient who wished thus to testify his gratitude for the comfort he had received by means of the "bench" while recovering from severe fractures. I have also procured some wood cuts, which will be sufficiently explained by the context. Dr. Monroe writes as follows:—

"I send, as requested, a model of my fracture bed, or, more properly, fracture *bench*. The model is somewhat carefully made, but in actual practice such care and expense are unnecessary. Indeed, the one great advantage is that, like your fracture apparatus, it can be made on the spot from a few pine boards by any one who can use a saw and hammer. Not unfrequently, the main part may be found in the house of the patient in the shape of a wash-bench—a few simple additions being all that is required to adapt it to its new service." This may be seen in the accompanying diagram.

"Take a common four-legged wash-bench, Fig. I., A. If one be not at hand, make a similar structure from such materials as may be procured, the top of which, A, should be, for a full-sized man, about four feet long and two feet wide. The legs may be passed through holes or firmly nailed to the sides of the top, as is most convenient. Those at the head of the bench, Fig. I., D D, should project backward, to prevent tipping. Let the height be about that of a common bed. Connect the head and foot legs together on either side by strips of board, two or three inches wide, Fig. I., E E. Make in the upper end of the top a slit or opening, Fig. I., B, bevelled from above downward, about three inches wide and fifteen in length. The direction of the bevel may be seen at B in Fig. II. The piece removed may serve as a sliding cover to close the opening. This slit, with its cover, and a vessel placed upon a shelf, Fig. I., K, laid across the strips, E E, constitute the latrine. This form of opening proves on trial to be better than the round or oval. Next, to this end of the bench, a board, or movable back-piece, about three feet long, and of the same width as the bench, should be attached by hinges (old shoe-soles will answer) so as to be raised or lowered at pleasure. (See Fig. I., M.) It is a good plan to attach the back-board to a cleat, and then to batten the cleat upon the bench. To keep the back-board in any desired position, two arms, F F, should be attached to its edge near the top, and secured by pins in the edges of the bench, near the foot. Lastly, a foot-piece, reaching half across the width of the bench, may be placed as at L, Fig. I., to rest the sound limb against. The solid portions of the bench have now been completed. Before the patient is placed upon it, the back-board should be padded with folded blankets or similar substances, and thin, firm cushions, Fig. II., H H, should be secured on either side of the latrinal opening to receive the nates of the patient. These cushions should be so secured as to leave no chance of displacement. A cleat placed in front of them will do this, and also assist in retaining the patient in position. The latrinal slide may also be cushioned, up to the same level. Pillows, pads, and other supports may, of course, be used for the well and injured limb as occasion or change requires, with such splints and extending apparatus or other appliances as the medical attendant may think advisable."

FIG. I.

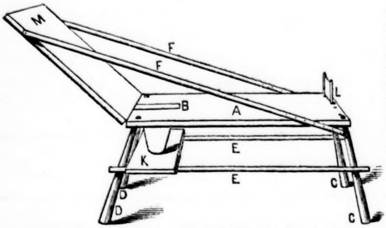
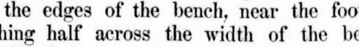


Fig. II. shows the form of the latrinal opening, and also the position of the cushions on either side of it for the seat.

FIG. II.



Dr. Monroe continues:—"I usually place the patient in a half-sitting posture, always thus in fractures of the thigh; never dropping the back very low in any case. Should the attendant wish to place his patient horizontally, or nearly so, an additional leg or prop may be attached to the back-board near the top. The bench described is for a full-sized man. One may be made of any size or nicety; but when smoothed boards cannot be obtained, rough ones may be used and covered with calico."

FIG. III.

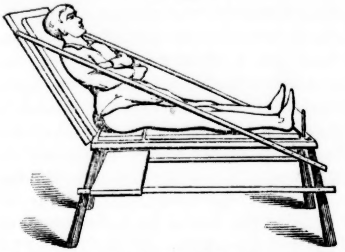


Fig. III. represents the bench and the patient in position.

"The following," says Dr. Monroe, "are some of the advantages of the fracture bench:—1st. It is cheap, and easily made. 2d. It occupies but little space compared with a bed, and can easily be moved about from room to room, and even out of doors in warm weather, thereby promoting the health and comfort of the patient. 3d. It is more cleanly than a bed or mattrass, and free from vermin. 4th. The fractured limb and apparatus are easily reached and manipulated by the surgeon. For this purpose one of the arms can be dropped at the fore end if necessary. 5th. It fulfils perfectly the indications of treatment, being firm and unyielding, while it admits of all necessary movements of the patient. 6th. It will allow the application of any form of splint. Pulleys can be used conveniently; and suspension as well, by attaching two perpendicular strips of board to the edge of the bench, with a cross-bar. 7th. The patient is more comfortable upon it than upon a bed, especially in warm weather. 8th. Children can be closely fastened to it, if desirable, as it sometimes is.

"If one wishes to add a permanent bench to his collection of fracture apparatus, a variety of appliances, involving mechanical and artistic principles, may be lavished upon it, making it more complicated and expensive, perhaps more beautiful, but hardly, if at all, more useful. The more simple surgical apparatus is, the better, provided it is philosophical and fulfils the indications.

"I first used this bench A. D. 1849. My son, now Assistant Surgeon in the Army, fell to the bottom of a dry well, twenty-four feet, striking upon the edge of a rock. The femur was broken very obliquely in its upper third. He was placed upon a hair mattrass, and the limb dressed. For a week after, he suffered extremely from the yielding nature of the bed, and the movements necessary for the evacuations. While watching by his bedside one night, I contrived the fracture bench. The next morning it was made, and he placed upon it. He was immediately comfortable and happy, and remained so while he occupied it, which was two or three weeks longer than necessary, for he was unwilling to leave it and go to his bed again. I succeeded in getting a good union, with but little shortening, upon the double inclined plane. I think I should not have done so well had he remained upon the bed, with the consequent motion of the fractured ends of the bone. Upon the bench all was still and safe.

"Since then, I have always used the bench in fracture of the thigh, and ever with satisfaction to the patient and attendants. The model was made by a man who, a few years since, enjoyed the benefit of the contrivance, and was so well pleased that he was desirous to be employed in making it more extensively known. He had fracture of the pelvis and fore arm, by a fall from the roof of a building. In his case, I had two uprights and a cross-bar placed astride of the backboard, over the upper part of his chest, around which was placed a close jacket with straps and rings to be hooked into a pulley suspended from the cross-bar. By this plan, his whole body could be raised from the bench. As it was very hot weather, he derived much comfort and relief in this way. It allowed the air to circulate freely around his hips and body, and enabled the nurse to bathe and rub the parts suffering from pain, heat and pressure.

"The bench is well adapted to the treatment of some stages of synovitis, when affecting the lower limbs; indeed, I see no reason why any disease of the lower extremity, requiring long and close confinement to bed, might not be treated upon it. But I will not claim too much; it is particularly useful in the treatment of fractured thighs, and sometimes of the legs, whether the fracture be simple or compound. I will only add that I could have made a fracture bench in half the time I have been writing this description of it."

A CASE OF GLAUCOMA TREATED BY IRIDECTOMY.

[Translated from Dr. Pagenstecher's "Clinical Observations at the Eye Infirmary of Wiesbaden," for the Boston Medical and Surgical Journal, by HASKET DERBY, M.D., Boston.]

[THE following case, besides presenting several points of unusual interest, is chiefly remarkable as showing the exceedingly short space of time (three days) in which an attack of acute glaucoma can produce absolute and entire blindness of both eyes; without any assignable cause, and attended by relatively slight premonitory symptoms.]

Mrs. N., 48 years old, of feeble appearance and anæmic complexion, had been subject, in her younger days, to repeated attacks of inflammation of the cornea. Had, later, suffered much from rheumatic affections. Had been married seventeen years, and, seven years previous to date, had been confined to her bed a year and a half, and suffered great pain, from a disease of the liver. Vision had been excellent till within ten years, since which time a moderate amount of presbyopia had forced her to employ weak convex glasses. These glasses she had of late been obliged to exchange for others, of a strength not corresponding to her time of life. A year ago, she noticed, for the first time, a halo of prismatic colors around the flame of a lamp. This appearance was visible only in the evening, was at first apparent to but one eye (though after a lapse of fourteen days common to both), and was the first characteristic symptom of glaucoma related by her. She had noticed no diminution of the distinctness of vision.

During the night of Dec. 11th, 1860, sudden and severe inflammatory symptoms made their appearance in the right eye, for the first time. They consisted in profuse lachrymation, redness of the eye, unbearable pains in the right side of the head and orbit, and so rapid a diminution of the power of sight that, on the following morning, the patient could barely distinguish between light and darkness. Three days later, during the night of Dec. 14th, the left eye was attacked with similar violence, and complete blindness was the result. Repeated local and general abstraction of blood, counter-irritants to the skin, and applications of atropine, produced no other effect than an alleviation of the orbital neuralgia; and as, on the evening of Dec. 19th, she made her appearance at the Infirmary, having travelled all day, her condition was follows. Slight lachrymation, injection of the conjunctiva and subconjunctival tissue, moderate chemosis, enormous hardness and tension of the bulb, flattening of the cornea (the right being entirely, the left partially sensible to touch), which was characterized by that dull lustre that proceeds from the disorganization of the epithelial layer, caused by pressure on the cornea. The anterior chamber nearly obliterated, owing to the advance of the lens; the pupil dilated to its utmost extent, a narrow ring of iris being alone visible. *Perception of light so absolutely destroyed on both sides, that a bright jet of gas, brought two inches before the eyes, was entirely imperceptible.* The result of an examination with the ophthalmoscope was negative, the obscuration of the vitreous being so great, that the red reflex from the bottom of the eye could scarcely be obtained. As, under such melancholy and pressing circumstances, the only chance of relief lay in the instant performance of iridectomy; and as the lateness of the hour at which the patient entered the infirmary forbade the performance of the operation for at least twelve hours, puncture of the anterior chamber of the eye was performed; in the hope of temporarily relieving the tension of the bulb.

Scarcely a drop of aqueous humor could be obtained from either side. On the following morning, Dec. 20th, iridectomy was performed on each side. The almost entire absence of anterior chamber rendered the performance of the operation exceedingly difficult; a lance knife, however, was finally passed through the sclerotic, between the iris and the cornea, and a wound two lines in length made; through which a small piece of the iris was drawn and cut off. Although the course cleary indicated was to remove as large a piece of the iris as possible, we were obliged to content ourselves for the present with the operation just described; inasmuch as the amount of iris that can be removed is directly proportional to the size of the scleral wound; and this last, as already remarked, could not be made greater, owing to the dangerous position of the lens.* The new pupil was formed, on each side, inwards. The left became obscured by a large clot of blood. The right remained free. A bandage was applied. The following day there was an improvement in the general appearance of the eyes. Each cornea presented less dulness, the anterior chamber was reëstablished. The right eye seemed to have a faint perception of light.

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* In no disease of the bulb has the operation of iridectomy such danger to encounter, as in glaucoma. The exceeding shallowness of the anterior chamber, where the iris is almost in contact with the cornea; the thrusting forward of the crystalline lens, whose equator attains a position anterior to the Schlemmian canal; the accompanying mydriasis which causes the disappearance of the colored ground of the iris, our only guide to the direction we shall give the knife; render necessary the greatest caution to avoid wounding the

Dec. 22d.—Slight improvement in the perception of light of each eye. If a brightly-burning lamp is placed twenty-four inches from the patient, she can tell when an opaque object is interposed between her and the flame. The eye remains hard to the touch.

23d.—Inasmuch as the intraocular pressure is still considerable, and its continuance may jeopardize the integrity of the retina, a second paracentesis of each anterior chamber is made. *Afternoon.*—Some ciliary neurosis, with slight febrile symptoms, chills, fever, thirst, &c. The pupils are still widely dilated.

24th.—Less conjunctival injection in each eye. General condition improved. More perception of light both sides.

25th.—Pupil of each eye widely dilated. More sensitiveness to light. *Right eye.*—The field of vision* begins 30° outwards from the point of fixation, and increases in distinctness towards its periphery. *Left eye.*—Counts fingers with certainty in 1¾ feet. The outer half of the field of vision is restored, more sensitive, however, at its periphery than at its centre. Each cornea has lost more of its dulness. The fundus of each eye is visible through the ophthalmoscope, and numerous large and small retinal apoplexies† are detected; in neither eye can much excavation of the optic nerve be made out. With each eye she readily makes out the hand, held nine inches before her, without being able to distinguish the flame of a candle, held in the same place.

27th.—Each pupil still widely dilated. *Right eye.*—Counts fingers in three feet. *Left eye.*—Counts fingers in seven feet; central vision improved. She distinguishes with difficulty a few colors. The quantitative perception of light does not correspond to the qualitative. While she can count fingers at the distance of several feet, she is unable to point out where the daylight enters the room through the window.

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capsule. Is not this probably the cause of the want of success of iridectomy in many cases? The author is aware of two instances, where this injury of the lens rendered the operation for glaucoma fruitless. He considers it therefore better, in such cases, to remove at first only a small piece of the iris; and, when a deeper anterior chamber has become established, to repeat an operation in itself so completely devoid of danger.

* For the benefit of those who have not paid particular attention to this subject, it may be well to describe a method by which the limits of the field of vision may be conveniently ascertained and recorded. The patient is stationed opposite and about a foot from a black-board, in the centre of which a small white dot or cross has been drawn, and is told not to move his eye from this dot or cross, but to regard it fixedly. Any conspicuous object, for example the piece of chalk itself, is then waved on either side of the mark in the centre of the board, and the patient is directed to notify us when—without removing his eye from the point fixed—he sees at the same time the moving object. Where this comes into view, a mark is made on the board, and the position of the object being then changed, he is asked when it again becomes perceptible, when a second mark is made. By finding where the object comes into view above, below, and on each side of the point of fixation, marking these positions, and finally connecting these marks by a continuous line; we obtain a diagram of the patient's field of vision for objects placed a foot in front of him: and thus are enabled to form an idea of the lateral sensibility of his retina. An accurate determination of the encroachments already made on the field of vision is of vital consequence in advancing glaucoma, and also in forming the prognosis of some amblyopic affections.—TRANSLATOR.

† An almost invariable appearance after the operation for glaucoma, and an evidence of the diminution of the intraocular pressure.—TRANSLATOR.

28th.—The difference between her recognition of the flame of a candle, and of reflected light, continues. The field of vision is increasing. The ophthalmoscope still reveals numerous apoplexies. The excavation of the right optic nerve is more clearly defined than that of the left. No change up to—

Jan 2, 1861.—As may be seen from the previous history, the vision improved slowly, and the media exhibited satisfactory signs of clearing. All the more remarkable, therefore, were the evidences of intraocular pressure that still existed, and that manifested themselves through the unusually dull appearance and want of sensibility of the cornea, the narrowness of the anterior chamber, the mydriasis, and the absolute paralysis of the greater portion of the retina on each side. On Jan. 2d, therefore, a second iridectomy was performed on each eye. The favorable influence of this operation may be seen from the results of subsequent examinations of the vision. The rapid improvement of the vision on the one hand, and the diminution of the symptoms of intraocular pressure on the other, after the second iridectomy, strengthened our convictions as to the propriety of the repetition of the operation. The amount of iris removed on the first occasion had clearly been insufficient, in so acute a case, to bring back the intraocular pressure to its normal condition. Although the vision of the patient was, on her discharge, still exceedingly imperfect; it was allowable to expect that, as time advanced, further progress would be made. Earlier observations made by us have shown, that in cases of acute glaucoma, treated by iridectomy, improvement in vision continued to take place from six months to a year after the operation.

On the discharge of the patient, Jan. 28th, she read with the left eye, without glass, Jäger's reading test No. 14 (paragon); the field of vision existed in its totality; the cornea had recovered its normal brilliancy, and the media were clear. Four retinal apoplexies were to be seen near the optic nerve, the arteries were thin, the veins normal, the optic nerve only slightly excavated. With the right eye she counted fingers at the distance of three feet. Measured at the distance of eighteen inches, the greater half of the inner portion of the field of vision was wanting, slight mydriasis, cornea normal, anterior chamber of normal depth, media clear. The ophthalmoscope showed a large retinal apoplexy, outward from the optic nerve. The optic nerve, as before, excavated.

March 11th.—The patient again presented herself. Central vision was better in each eye. With the left eye she read Jäger's test No. 9 (small pica) through a convex lens of ten inches focus; with the right, No. 17 (double great pica). The retinal apoplexies had disappeared from each eye. The field of vision remained unaltered.

[Remarks.—This case illustrates the paramount importance of operating as soon as the slightest premonitory symptoms of glaucoma make their appearance. And among these early symptoms, none is more important than *the sudden increase of presbyopia*, obliging the use of a convex glass, stronger than that to which the patient had been previously accustomed. And when, as in the case before us, the appearance of prismatic colors around a flame is a coexistent symptom; it is safe to predict that the ophthalmoscope would reveal arterial pulsation (especially after prolonged use of the eyes), and thus afford the clearest indication for the instant performance of iridectomy. Had the patient, whose case has just been related, been under competent medical supervision at an early period, and the operation then been performed, there is every reason to believe that the sight of both eyes would have been completely preserved. And, in conclusion, the translator would call attention to the fact, that the detection, through the phenomenon of arterial pulsation, of the commencement of so insidious a disease as glaucoma, often before the slightest change is visible in the external eye, is not among the least of the services rendered to science by that much calumniated as well as neglected instrument, the ophthalmoscope.—H. D.]

A CASE OF HÆMORRHAGE OF THE STOMACH.

[Read before the Middlesex (Mass.) East District Medical Society, January 19th, 1859, by H. Holmes, M.D., and communicated for the Boston Medical and Surgical Journal.]

Mr. ——, a stout, athletic man, 42 years of age, Irish by birth, a little above the medium size, and a boot-maker by trade, called on me March 12th, 1858, for advice. He complained of loss of appetite, a feeling of lassitude, and lack of energy to pursue his calling; tongue slightly furred, pulse natural. His sallow complexion and the season of the year, in connection with these symptoms, suggested the exhibition of a blue pill, which he took in five-grain doses every other night for a week, followed by gentle cathartics on each succeeding morning. Some days afterwards he reported himself better; and still later, that he was quite well, and felt like himself. But on the 17th of April, he again called on me, saying that he did not feel right. There was tenderness upon pressure in the epigastric region, and he had little inclination for food; his stomach would not bear many articles which he was once in the habit of eating. His shop was near me, and I had noticed that he held his boot in the old way, by pressing one end of it against the pit of his stomach. I therefore suggested that he should discontinue this practice, and apply a slightly stimulating plaster to the epigastric region. He applied the plaster, but continued to work and hold his boot as before, till about the first of July, when I saw him at the request of one of his friends. In the meantime he had consulted a doctor in Boston, as he told me, and, as he thought, without benefit. Some one also had advised him to drink Medford rum, which he did until he was satisfied it did not agree with his complaint. At this time, his pulse was somewhat accelerated and small; tongue slightly furred; sleep interrupted; epigastric tenderness, with some pain occasionally; anorexia, and ability to eat but a few articles of food, of a very mild nature. He had lost considerable flesh, and the expression of his countenance indicated the reverse of health. He was at work on his bench. I advised that he should leave his shop and bench immediately, and, if he was able to labor at all, to do such light work as he could for some farmer. He promised to quit the shop the next day, and did so.

From this time, I heard nothing of him till July 31st, when I was summoned in haste by one of his neighbors to see him. "He had been raising blood," as the messenger told me, "and looked as if he might die before I reached him." I found him with features collapsed, and much pallor of face and lips, lying with his eyes closed, head and shoulders raised, and apparently much exhausted. He had vomited about a wineglassful of blood, which had been allowed to remain on the floor. His wife stated that he had raised a good deal at times, for some weeks. His extremities were cold, and I caused them to be rubbed with hot flannels, and wine was given him to drink, which he took with some difficulty from a teaspoon. His pulse was small and unsteady; in about an hour he died.

Four weeks preceding his death he had been under the care of a doctor in Boston, who told him, he said, that his lungs were perfect, but that his liver was filled with little sores, and that the exterior was covered with slime.

Dr. Hodgdon assisted at the autopsy, which was made twenty-four hours after death, when the liver was found to be of its normal size and color, a little more easily broken down than a healthy one, but having neither sores in the interior nor slime on its exterior. The lungs were not otherwise disordered than being exceedingly adherent to the walls of the thorax, which adhesions appeared to be of long standing. The stomach was distended with about three pints of coagula, all the tissues of it near the cardiac region being inflamed, and in some places ulcerated; one of these ulcers, deeper and larger than the rest, had involved bloodvessels of considerable size, that had caused the hæmorrhage which had resulted in death. The spleen was also involved in the inflamed mass, and was firmly agglutinated to the stomach.

I should not have thought this a case of sufficient interest to report, had I not, some time subsequent to the *post mortem*, opened "Watson's Practice," and found something touching cases of this kind, from which I will give a short extract.

"What I have so frequently mentioned in respect to hæmorrhages from the mucous membrane generally, viz., that the efflux of blood is seldom owing to the rupture of a large bloodvessel, holds true in this. It can rarely happen that any vein or artery belonging to the stomach is divided or laid open by accidental injury, so as to pour out its blood. When hæmorrhage does proceed from one or more of the larger bloodvessels, the opening by which the blood escapes is commonly the result of chronic ulceration; such as I spoke of yesterday. I have not myself met with an instance of that kind. Andral states, that, at most, there are but five or six such cases to be found in the records of medicine. Since his work on *Pathological Anatomy* was published, another example of the same lesion has been detailed in the *Journal Hebdomadaire* for May, 1830. I show you a drawing after Dr. Carswell, representing an ulcer which laid open the coronary artery of the stomach, and caused fatal hæmorrhage. In such cases, we have, first, the symptoms of chronic gastritis; next, faintness, or actual syncope, from the sudden abstraction of a large quantity of the vital fluid; and, lastly, the visible eruption of the blood itself; for vomiting seldom occurs until a large quantity of blood has accumulated in the stomach."

PERTUSSIS AND ITS TREATMENT.

[Read before the Middlesex (Mass.) East District Medical Society, January 19th, 1859, by H. Holmes, M.D., and communicated for the Boston Medical and Surgical Journal.]

I. V., four and a half years old, and generally in good health, had, on the forenoon of Nov. 22d, 1858, a very flushed face and dizziness, which lasted from nine to ten o'clock, accompanied with "screechings." I saw her at eleven, A.M., and found her heavy-eyed; conjunctivæ and skin around the mouth, yellowish; cheeks dingily flushed; tongue coated; pulse 120, not very hard; respiration not much accelerated. Has been whooping one week, and for two weeks previous had catarrhal cough. For the last three nights has not slept one whole (consecutive) hour, on account of the paroxysms of coughing. R. Hydrarg. chlorid. mit., gr. i.; sach. alb., gr. x. M. Et in chart. iii. divide. One of the above powders was given at eleven, A.M.

The following mixture was left, with directions that the child should take one teaspoonful of it every two hours, beginning as soon as the calomel should operate. R. Acidi nitrici dilut., ʒ xii.; tr. cardamom. comp., ʒ iii.; syr. sympl., ℥ iiiss.; aq. puræ, ℥ i. M.

Nov. 23d, 11 o'clock, A.M.—The mother reported that the powder operated at 5 o'clock, P.M., and that at 6 she gave the first spoonful of the acid mixture; from about 2 to 6, A.M., there was no paroxysm of coughing, and during most of the time the child slept well. The yellowness remains, countenance more natural; pulse 95, soft; tongue cleaning. Continue acid mixture.

Dec. 13th.—The mother reports that, from my last visit, on the 23d ult., the child has had very few coughing spells in the night time, a majority of the nights being passed in uninterrupted sleep.

Jan. 1st, 1859.—For the past week, the child has seldom coughed, day or night. Has been taking two teaspoonfuls of the mixture three times daily.

L. J. had been whooping two weeks, and had been coughing for four weeks, when I saw her on the 20th Dec., 1858. Is three and a half years old; generally healthy; has chronic moderate enlargement of tonsils. Have not been called upon before this day, because the mother thought little or nothing could be done for whooping cough but to let it take its course. For the last three or four nights, the little girl has had many severe paroxysms of coughing, so that the night-rest of both parents has been seriously broken in upon.

From 10, A.M., the child took one teaspoonful of the acid mixture mentioned above, every two hours, regularly, until 10, P.M. From 11, P.M. until 3, A.M., she slept quietly and peacefully. Dec. 28th. The cough is reported, by the mother, to be "not troublesome;" there are two and sometimes three paroxysms in the twenty-four hours. Jan. 10th, 1859.—Child has not had a paroxysm for two days; takes three spoonfuls of the mixture in twenty-four hours.

O. and I. L., twins; one year old on the 4th Nov., 1858. Patients of Dr. Rickard, of Woburn, who saw them for the first time on the 18th September. They had been sick for several weeks with cholera infantum, principally under homœopathic treatment.

On the 13th October, I saw these children in consultation with Dr. R., and many times with the Doctor after the 22d. As these cases will probably, hereafter, be reported in full, all that is necessary for me to say at present, is, that about the 20th it became evident that whooping cough had supervened upon their other troubles. A mixture containing sulphuric acid was given, in the hope of favorably affecting the condition of the stomach and bowels, as well as the whooping cough. This, in a few days, was changed to the nitric acid mixture, and with evident benefit to the children, in all respects, which, however, was only temporary. They died when little more than a year old.

During the last twelve months, I have been called upon to prescribe for no case that had not been whooping for, at least, two weeks. There are eight other cases on my note-book, besides those mentioned above, in which I have employed the nitric acid treatment with evident advantage.

I sometimes use the following prescription:—R. Tr. cardamom. c., ℥ ss.; syr. simpl., ℥ iiiss.; acid nitrici, gtts. xxxii. M. From five drops to one teaspoonful to be given frequently, according to the age of the patient, and the severity and frequency of the paroxysms.

Army Medical Correspondence.

Gun-shot and other Wounds in the Army.

[Communicated for the Boston Medical and Surgical Journal.]

Gun-shot Wound in the Right Arm.—P. E. D., of Company D, received a bullet in his right arm, about midway between the elbow and the shoulder, which cut and tore obliquely upward and outward, through the skin, cellular tissue, and biceps flexor of the arm; producing a ragged and irregular wound of about three and a half inches in extent.

This was one of those cases which occurred in the unfortunate affair between our own soldiers, on the night of our arrival at "Camp Advance." The wound was carefully washed; and no important artery having been injured, three interrupted sutures were introduced, which, with adhesive straps, and a roller, placed around the arm, kept the lips of the wound properly adjusted. As it was difficult to keep this muscle quiet, the wound had to heal by granulation and cicatrization, which required some three weeks time to accomplish. The patient did well, and returned, at the end of that time, to full duty.

Gun-shot Wounds of the Hand and Arm.—These wounds occur very frequently, from carelessness in handling pistols and other firearms.

Case I.—Sergeant B., of Company —, while handling a small pocket-pistol, accidentally discharged it while the muzzle was pointing upward. The bullet (a good-sized buck-shot) entered at the wrist, passing upward along the tendons of the flexor muscles, and becoming deeply imbedded near the inter-osseous ligament, about two thirds of the distance from the wrist to the elbow. The wound of entrance was a small, round orifice. The bullet could scarcely be detected, imbedded in the muscles. No pain or other inconvenience accrued from its presence, so that it was not deemed advisable to divide the tissues and search for it. It still remains there, without inconvenience to the young man.

Case II.—Lieutenant H., of Company H, was handling his revolver, I believe loading it, when one of the barrels discharged itself through and between the fingers of his left hand. The middle and ring fingers were terribly torn, and the bones of the second joint of the former shattered to pieces. An attempt was made to save the finger by adjusting the wounded pieces to each other, but in vain. The middle finger had to be amputated at its junction with the metacarpus, after which the patient did well, and is now fully restored to duty.

Numerous luxations of the joints of the fingers and wrist have occurred. In one case, a sub-luxation of the right thumb, with its metacarpal bone, which had lasted for several days, was easily reduced by slight extension and firm lateral pressure. The reduction was followed by the immediate use of the thumb, with great relief to the patient.

Gun-shot Wound of the Side and Back.—Private J. D., of Company I, received a bullet near the anterior extremity of the seventh rib on the right side; which passing along the lower margin of that rib backward and upward, to its angle, passed out near the spinous process of the corresponding dorsal vertebræ, leaving two large orifices, the dorsal one much the larger, terminating a long track of wounded tissue. The patient was brought to the hospital at "Camp Advance," with his overcoat, coat and shirt soaked in blood, so that they had to be destroyed by fire. The prostration was so great from the shock and hæmorrhage, that no proper examination of the wound at first could be made. The bullet was supposed to have passed through the liver and lung, mostly the latter, of the corresponding side, as indicated by the direction of the wound, and the fact that bubbles of air came out with the blood. The patient was propped up on his cot, and stimulants were administered every few minutes in order to support life; while a bandage was carefully and not very tightly applied around the chest. The patient was directed to lie upon the wounded side. This, however, he could not do, and remained propped up in a semi-sitting posture. The pulse was scarcely perceptible, respiration very difficult, hands and feet very cold, and the expression of the face almost Hippocratic. By afternoon of the same day (11th of October), there was a slight improvement in the condition of the pulse and other symptoms; and by the next morning, sufficient reaction had taken place to admit of further examination, particularly of the large wound on the back. The hæmorrhage had almost entirely ceased from this wound, and there was only a slight oozing from the anterior one. The patient took a little nourishment; a clean bandage was placed around his body, over a broad flat compress, extending the whole length of the wound, fresh clothes were placed upon him, and some faint hopes were entertained that he might possibly reçover. The next day, increased reaction had taken place, the wound was re-dressed, and the patient asked for some *lager beer*. He still retained his semi-sitting position, and his voice, when he attempted to speak, was scarcely above a whisper. Suppuration in a few days began to show itself at the wounds; the discharge soon became abundant and offensive. The dressings had to be applied twice or three times a day; and stimulants and nourishing food were administered as freely as the patient would take them. The usual sloughing process of a gun-shot wound kept down the strength of the patient, and threatened his life. When the regiment left the camp, some three weeks after the accident, this patient was placed in the division hospital, near the Chain Bridge, where he remained till the latter part of November. He continued to improve gradually till he was able to walk about with a cane, when he got a furlough to go home, until fit for duty. By this time, I have no doubt, he has fully recovered.

Injuries of the Pelvis.—Private S., of Company A, while riding at full speed, was suddenly thrown by the stumbling of the horse, and injured in the region of the pelvis. He seems to have fallen upon the sacrum; and he says the horse rolled on him, and over him. When he was brought to the Hospital, he complained of great pain in the sacro-iliac region, and down the thighs and legs. There was great tenderness on pressure in the sacral region, and the patient could lie only obliquely on the right side. Both lower extremities were entirely paralyzed, and no urine could be drawn from the bladder. The introduction of the catheter into the latter organ was followed by a very slight discharge of coagulated blood; the catheter being blocked up with it. A large poultice was placed upon the sacrum, and anodynes were freely given to allay pain and produce sleep. On the second day, free cupping was resorted to, over the sacrum, and soft, warm, flaxseed-meal poultices were repeated. A clyster was administered, and the catheter introduced, with the effect of producing a free discharge from the rectum, and a few coagula of blood from the bladder. The anodynes were continued. On the third day, about half an ounce of urine mixed with blood, passed off through the catheter. Some slight nourishment was taken by the patient, but the pain continued severe, and the abdomen began to swell considerably in the supra-pubic region. Poultices were continued, and the catheter applied two or three times during the day, without, however, drawing off any more urine. On the fourth day the patient could move his right leg slightly, and had passed, during the night, a large quantity of blood, dissolved in urine, from the bladder. The pain had much diminished; and he could be moved in the bed slightly, with less difficulty. Anodynes and poultices were continued. On the fifth day, urine was drawn off by the catheter twice, the cups were re-applied to the back, the poultices were continued with the anodyne (morphia), and an improved diet allowed.

This patient was taken to the Georgetown Hospital, and placed under the care of Dr. McLaren, medical examiner for the United States Army. Here the catheter was daily introduced, the bladder refusing to act of its own accord, and the patient, at the end of three weeks, was enabled to move about the ward on crutches, and was in a fair way of recovery when I last heard from him.

Lieutenant T., of company C, was riding a spirited horse at full speed, at "Camp Stoneman," when the horse, on springing over a ditch, suddenly swayed to one side, and threw him. He fell on a stump, striking on the sacro-lumbar junction, paralyzing, instantly, the nerves coming off from the *cauda-equina*, producing total immobility in the lower extremities, and intense pain in the back, pelvis and thighs. Being of herculean frame, and proud of his strength, he refused to be carried on a litter to his tent, and was dragged and lifted along on the shoulders of some of his friends. The pain in the back and down the thighs was intense, and only relieved by large doses of morphia. No external injury could be detected on examining the sacrum and back. No difficulty in the urinary apparatus or rectum occurred. Cups were freely applied to the *sacro-lumbar* region, followed by soft, warm poultices, and the free exhibition of anodynes. Slight motion returned to the right limb in about six hours. The pain was confined to the thighs, and did not extend to the leg. The muscles of the latter continued to contract freely. The bowels were kept open by compound cathartic pills; the anodynes were repeated for several days, together with the poultices. The cups were re-applied at the end of twelve hours. Getting leave of absence, the Lieutenant was removed to Philadelphia, with his friends, where, under the judicious care of Dr. C., he gradually recovered; and then returned to camp, to continue one of our most active and efficient officers.

Not long ago, he repeated the experiment of falling from his horse at "Camp Griffin," very much in the same way as before; but the injury was much less, so that, in a short time, a good constitution and proper medical attention restored him to his duties again.

While speaking of injuries in the abdominal and pelvic regions, I ought, perhaps, to notice some of the numerous cases of hernia, varicocele, prolapsus ani, &c., which occur in cavalry service. But time and space do not permit my enlarging upon these topics at present; I shall probably mention some of them in my next.

James Bryan, M.D.,
Brigade Surgeon, U. S. Army.

Restoration of Bone.—The *Lancet* publishes the following interesting case of restoration of bone, read by M. Demeaux before the Academy of Sciences: — A young soldier had been wounded at Solferino by a musket ball, which had fractured the left superior maxillary. The day after the battle a surgeon extracted the projectile, together with several splinters of bone, in one of which three molars were firmly implanted. On examination, about half of the palatine roofing was found to be devoid of bone, the mucous membrane constituting the only wall of separation between the mouth and nose. In consequence of the want of solidity in the palate, the functions both of articulation and deglutition were impeded. Last summer, Dr. Demeaux found the bony plate forming the roof of the mouth quite entire, and the impediment of speech and the inability to swallow had disappeared.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 13, 1862.

Fiat experimentum in corpore vili is a maxim only too often illustrated in the history of disease and the practice of medicine. The value of the truth elucidated, in those instances where hygienic laws are concerned, does not yet awaken the public mind as it should to the importance of constant watchfulness against the danger of breaking them. It takes a long time for the wisdom of the thoughtful and observant few to possess and guide the community at large, and many of the plainest truths are constantly disregarded. But when for *vili* in the proverb we substitute *nobili*, the case is very different, and an impression is made which is likely to be much more lasting, and men can only wonder that what has been so well known has been so much neglected. These reflections have been suggested to us by the discussions now going on in the English medical press on the nature and cause of the disease which has so recently invaded the Royal household and saddened the whole British nation with heartfelt sorrow. The first bulletins concerning the malady of the deceased Prince Consort gave no very clear idea of its nature, and although it was subsequently announced as typhoid fever, the medical profession of England are urgently demanding a full and authentic professional report of the case. That typhoid fever, a disease so often directly traceable to foul exhalations from neglected accumulations of filth, or the miasm of stagnant water, should have struck such a shining mark, seems to excite much astonishment, and has led already to the inquiry as to the source from which such an emanation could have proceeded. In the editorial of the London *Lancet* noticing the death of the Prince, we find the following:—

> "The melancholy occurrence must induce the profession to revert to the former epidemic of typhoid fever which raged severely in Windsor two years since. That attack was traced by Dr. Murchison very clearly and distinctly to bad drainage as its cause. The question has been asked whether the Castle itself is as badly drained as the town, and whether there be anything in the drainage of Windsor Castle which could be expected to favor the growth or dissemination of the disease. It must be remembered that this is one of those zymotic ailments essentially connected in their origin with local defects of sanitary arrangements. So close is the connection between bad drainage and typhoid fever, that Dr. Murchison has, with the assent of Dr. W. Farr, denominated it pythogenic fever, or fever generated by dirt. In the case of the epidemic of Windsor two years since, this was very observable. A plan of the drainage of the castle and town, given by Dr. Murchison in his valuable description of the cause of the epidemic, shows, however, that the Royal residence is directly and perfectly drained into the Thames. It deserves, perhaps, to be mentioned also, that this good drainage is peculiar to the Castle, only one half of the Royal Mews participating in its benefits. These two blocks of buildings are separated merely by a roadway, and while that half which has the benefit of the Castle drainage remained free from fever, in the other ill-drained block there occurred thirty cases of fever and three deaths amongst the royal servants."

In the issue of the next week, the subject is again alluded to, and the general truth involved is so important that we feel justified in making another extract, as follows:—

> "Now we have already stated that the drainage of Windsor Castle is excellently devised and well cared for; nevertheless, we are informed on the highest authority, and by those best acquainted with the place, that although the royal apartments and basement are as well ventilated as their inconvenient construction permits, yet bad smells very frequently occur there, and are a source of annoyance. This statement is repeated by the warmest apologists for the drainage, and by the optimists who are seeking to make everything superficially and dangerously smooth. Very lately a circumstance here much to the point occurred in the villa of a great city merchant. He had constructed a house and grounds perfectly drained and ventilated. Still bad smells were occasionally noticed; and although trapping and ventilation were carried to the highest pitch of perfection, typhoid fever showed itself amongst the servants, and caused much distress and alarm. An experienced sanitary officer who was finally consulted, advised that the ground should be carefully probed for old cesspools; and a trained person employed found four of these fever-generators on the spot, which had been closed up when disused, but, as so often happens, had not been emptied and filled with brick-dust—the only safe method of dealing with them. This cause was removed, and the effect ceased.
>
> "Now bad smells must have a cause, and typhoid fever is intimately connected with bad smells. Here is suggestive matter for those concerned. It is quite true that the Prince Consort may have contracted his fever at Osborne, or South Kensington, or in any unknown locality; but he was taken ill at Windsor Castle; and we should not be satisfied by resting on vain imaginings, unless perforce driven to them. The known etiology of typhoid fever is so suggestive of a local defect in the Castle, that no one can feel happy at hearing that the Royal residents have returned, until the present doubt is set at rest."

We are not yet so embittered against the Mother Country as to be actuated merely by the selfish motive of seeking to make a personal application for our own benefit of the warning so plainly contained in the articles which we have quoted. We sincerely sympathize with those who feel that they have sustained in the death of their Prince an irreparable loss. But we cannot refrain from availing ourselves of this renewed opportunity of calling the attention of the community to the paramount importance of unceasing vigilance in all that relates to matters of public hygiene. Only last year a nuisance of the most dangerous character was not only tolerated by, but created under the supervision of the officers of public health, on the western border of our city; giving rise, before it was corrected, as there is good reason to believe, to a considerable amount of grave disease in the neighborhood; and at the present time the drainage of the new lands on the Back Bay is by no means, as we hear, so thoroughly contrived as to make a word of caution an impertinence. We do not doubt the earnest desire of the gentlemen who have it in charge to make it as perfect as possible. We will only add, let the sewers be so constructed, that by no possibility can a break be made in them under the peculiar circumstances of settling of the land and jar from vehicles passing over them, to which they must be inevitably exposed. Any such flaw, so easily produced unless the greatest precautions are taken, will lead to obstruction of the drains and an accumulation of foul deposits in the soil, which may make its presence first known by a fearful epidemic in the neighborhood.

We are requested, as an act of justice, to print the following statement in relation to the notice of Dr. Morton's recent suit for an infringement of his patent, copied into last week's Journal:—

Messrs. Editors,—In the last number of the Journal you make a report of the action for infringement of the patent for the use of sulphuric ether, which I think calculated to do injustice to more parties than one. The report contains, among other extracts, the following from Dr. Willard Parker's testimony:—

"Dr. Morton came to me in 1856 or 1857, and brought letters from physicians and surgeons in Boston; I was aware of the subject, and aware of its being patented; and of course there was a prejudice in the profession against patentees, or having anything to do with them. Witness proceeded—I had a conversation with Morton about it, and he said that he had abandoned the patent, and was now throwing himself upon the humanity of the world; I then took him cordially by the hand, and introduced him to a large number of gentlemen in the profession; he made a statement at a meeting we had of what he had gone through with, and of his purpose with regard to the patent, and explained about a suit which had been commenced against the Chelsea Hospital; measures were taken by the profession here to raise funds for him; the New York Hospital paid him $500, and Bellevue $1,500; I went down to South street and raised several hundred dollars, on the ground that he was a benefactor to the world. This was done on the idea that he had abandoned his patent, otherwise not a thing would have been done.

"*Re-direct.*—I would not, because he was shielding himself under another garb; he had his patent to protect him, and we should have left him to that."

The injustice of the report lies in these lines—"*This was done on the idea that he had abandoned his patent, otherwise not a thing would have been done.*" A few lines above, it will be observed it is stated that Dr. Morton explained, at a meeting of the profession, about a suit which had been commenced against the Chelsea Hospital, and his purpose with regard to the patent. That explanation was as follows:—At the time of the discovery he was not *a medical man*, but a practising dentist, and therefore not amenable to and knowing nothing of medical ethics. His age was but 24 years, with but slight experience in the world, and he comprehended no other method of securing to himself with certainty the credit of the discovery. His object in securing the patent was not certainly to restrain the use of the anæsthetic, as is evident from the unrestrained use of ether during the fourteen years of the valid existence of the patent, but to enable him to retain the discovery under his own control whilst perfecting it; for at that time the use of the complicated inhaling apparatus was considered essential. Having little doubt the Government would take it out of his hands when the public good required it, he applied to Congress within ninety days after its announcement, to recompense him for the losses incurred in making and promulgating the discovery, by paying him for the privilege of its use in the Army and Navy. During eight long and weary years he had been engaged at the cost of health, time and money, and every comfort for which we value life, industriously vindicating his claims upon the Government. Though several committees of Congress acknowledged the propriety of making him compensation, and a bill for a hundred thousand dollars twice passed through one branch of Congress for that purpose, he had then no hope of compensation upon his present basis of operation. The last debate upon the subject had shown him that an entirely different basis for argument had been taken from that which had been adopted at any previous session. "Let him enforce his patent like all other patentees if he wishes anything," was the cry; "and when it is done, and judgment is rendered in his favor, then the Government will pay, but not before." Upon this suggestion, the first step advised and acted upon was to protest against the use of ether in the Government service unless by purchase, as perhaps this act alone might bring the Government to terms, and prevent any further trouble. This protest, addressed to the Executive, was endorsed by a majority of both houses of Congress. Winter passed and Spring came, when, finally, the claim was reported favorably upon by all the departments under whose cognizance it came, and the President sat down with pen in hand to sign the bill, when suddenly he asked for further delay, giving assurance that it would be but temporary. At the end of another two years, Dr. Morton had an interview with him, and was informed that before paying any sum for the patent the Government wished a legal decision in the case. In reply to the President, who asked why a suit had not been brought before, Dr. Morton replied that owing to the peculiar nature of his discovery, he had never wished to take legal steps. The President proposed that a suit should be commenced against some surgeon of the Government service who had at some period used the discovery, and who should be instructed by the Executive to admit the use of any agent covered by his patent, and consequently Dr. Morton would be put to no trouble or expense to prove it; that the suit, when brought, should be considered as brought against the Government, and not against the surgeon, and that the Government should shoulder all the responsibility. He closed by saying, that when it was decided that the Government was violating Dr. Morton's patent, the Government would pay. When every other hope failed, and his children were about to be dispossessed of a home for moneys he could not pay, he brought the suit as suggested by the President, against Dr. Charles A. Davis, in the employ of the U. S. Government, which resulted in Dr. Morton's favor. The Government refused to defend Dr. Davis, or to indemnify him, and Dr. Morton gave a release to him, inasmuch as the suit was brought to test the validity of the patent. By the time Dr. Morton obtained the verdict, a new administration was power, and the Government refused still to pay him, alleging that he must bring suits against those that would defend, before his rights would be conceded by the Government. What perplexed the case more, the Government had been obliged, on technical grounds, to refuse him the extension of his patent, and his only hope in bringing the claim within the requirements of the Government was to bring further suits before the claims for past infringements were outlawed.

It is under these circumstances that the suit you have reported upon was brought; and we think, taking the case in all its bearings, we have clearly showed that the charge of disingenuousness has been applied under a misapprehension of the facts, and that he is using a justifiable means of inducing the Government to compensate him, after his appeals for compensation have been rejected by Congress. X.

MESSRS. EDITORS,—At a meeting of the Worcester Association for Medical Improvement, held last evening, the accompanying preamble and resolutions were unanimously adopted. In accordance with instructions from the Association, I offer you a copy for publication.

Respectfully, THOMAS H. GAGE, *Sec'y.*

Worcester, Feb. 7, 1862.

Whereas, This Association has been called to mourn the removal, by death, of Dr. JOHN EATON HATHAWAY, one of its most beloved and useful members; and

Whereas, It is fitting that we should give some public expression of our sense of bereavement, and of our appreciation of his worth and virtues; therefore,

Resolved, That in the decease of our late associate and friend, we recognize the loss of one, who, by superior attainments, practical efficiency, and conscientious devotion to its grave responsibilities, adorned and dignified the medical profession.

Resolved, That we will cherish his memory with a permanent and especial regard, for the unblemished purity of his private life, for the warmth and richness of his personal friendship, and for the beautiful exemplification, in his daily intercourse, of a heart governed and subdued by Christian principle.

Resolved, That to the family of our deceased friend, we proffer our sincere and affectionate sympathy in this hour of severe trial, and assure them of the deep and tender interest with which we shall ever regard their future welfare.

Resolved, That the Secretary be instructed to transmit a copy of these resolutions to the family of Dr. Hathaway, and to offer them for publication in the Boston Medical and Surgical Journal, and in the daily papers of Worcester.

MESSRS. EDITORS,—At a meeting of Medical Cadets, U. S. Army, held in Washington, Jan. 20th, W. D. Day, of the General Hospital, Alexandria, was elected Chairman, and H. A. Robbins, of the Circle Hospital, Washington, Secretary. Messrs. Paine and Davis of New York, and Bodman of Massachusetts, were appointed a Committee to draft resolutions on the death of Cadet Delafield, and reported the following, which were adopted:—

Whereas, It has pleased the Supreme Ruler of events to remove from our midst, by death, Medical Cadet Rufus Delafield, of New York City, therefore, *Resolved,* That we bend in humble submission to this decree of an all-wise Providence, recognizing in the event the hand of "Him who doeth all things well."

Resolved, That in the death of Cadet Delafield, the corps has lost an efficient and faithful member, the Science of Medicine an earnest and enthusiastic student, and the profession one of its most promising aspirants.

Resolved, That we will ever cherish the memory of the many virtues of the deceased, and imitate his patriotic devotion, his scientific zeal, and his uniformly kind and Christian deportment.

Resolved, That we extend to the bereaved relatives and friends of the deceased, our sympathy and condolence in this dark hour of their trial, and commend to them the consolation that comes from a higher than human source.

Resolved, That we wear the usual badge of mourning for thirty days, and that a copy of these resolutions, signed by the chairman and secretary, be sent to the family of the deceased, and to the Medical and other journals, for publication.

W. D. Day, } *Medical Cadets,*
H. A. Robbins, } *U. S. Army.*

NAVAL MEDICAL APPOINTMENTS.—The *Medical Times*, of New York, gives a list of the appointments for the recently enlarged medical corps of the Navy, made by the Naval Medical Board during its late session, which lasted from the beginning of summer to the 27th of January. The earlier appointments, in July and August, to fill previous vacancies caused by resignations, &c., have been published. The fifty-nine, which follow, have been appointed since, and are arranged in the order of merit as determined by the Board, with the name of the State from which appointed, and the medical school from which each candidate graduated:—Robert T. Edes, Mass., Harv. Univ.; John D. Murphy, N. Y., Univ. N. Y.; Edgar Holden, N. J., Col. P. & Surg., N. Y.; R. E. Van Giesen, N. J., do.; Thos. C. Walton, N. Y., McGill Col., Montreal; Benj. H. Kidder, Mass., Long Island Med. Col.; Lewis Zinzin, N. Y., Heidelberg Univ.; G. H. E. Baumgarter, Mo., St. Louis Med. Col.; John Homans, Jr., Mass., Harv. Univ.; John H. Clarke, N. H., do.; Greenville S. Slough, Pa., Jeff. Med. Col.; Sam'l R. Foreman, N. J., Col. P. & Surg., N. Y.; Wm. B. Gibson, Mass., Harv. Univ.; Geo. W. Woods, Mass., Univ. Virg.; Adolph A. Hoeling, Pa., Univ. Penn.; James J. Allingham, N. Y., Col. P. & Surg., N. Y.; Charles E. Stedman, Mass., Harv. Univ.; Wm. F. Tevey, N. Y., Univ. N. Y.; C. J. S. Wells, Vt., Univ. Vt.; Charles J. Hubbard, Ohio, Harv. Univ.; Wm. K. Van Keypair, N. J., Univ. N. Y.; Joseph Hugg, N. J., Jeff. Med. Col.; F. B. A. Lewis, N. Y., Harv. Univ.; Wm. Brown Mann, N. Y., Buffalo Univ.; Sam'l W. Abbott, Mass., Harv. Univ.; Luther M. Lyon. Pa., N. Y. Med. Col.; Wm. S. Fort, N. J., Univ. Penn.; Charles H. Giberson, Vt., Univ. Vt.; Charles H. Perry, R. I., Univ. Penn.; Thomas Hiland, N. H., Dartmouth Med. Col.; Daniel M. Skinner, N. J., Univ. N. Y.; D. K. Bannon, Pa., Univ. Penn.; David T. Ricketts, Md., Univ. Md.; Thomas L. Patrick, Md., Univ. Md.; Joseph A. Babier, Mass., Harv. Univ.; Sam'l N. Brayton, Mass., Col. P. & Surg., N. Y.; Edw. C. Vermeulen, N. J., do.; Wm. T. Plant, N. Y., Univ. Mich.; Wm. Chalmers, N. Y., Col. P. & Surg., N. Y.; Charles H. White, Mass., Harv. Univ.; George T. Shipley, Mass., do.; Isaac H. Hazelton, N. H., do.; James H. Mears, Pa., Univ. Penn.; Benj. F. Pierce, Me., Harv. Univ.; Newton H. Adams, N. Y., Albany Med. Col.; Edward Kersner, Md., Univ. N. Y.; Stephen H. Clarke, N. Y., do.; Charles Carter, N. Y., Col. P. & Surg., N. Y.; Thomas N. Penrose, Pa., Univ. Penn.; J. Henry Gunning, N. Y., Univ. N. Y.; Edward A. Pierson, N. J., Col. P. & Surg., N. Y.; Watson C. Hall, N. Y., Geneva Med. Col.; George R. Brush, N. Y., Col. P. & Surg., N. Y.; Heber Smith, N. Y., do.; Edward D. Payne, Pa., Jeff. Med. Col.; Edward K. Dodge, Pa., Phil. Med. Col.; Ira A. Bragg, Mass., Harv. Univ.; George D. Storme, N. Y., Buffalo Univ.; John D. Ackley, Pa., Univ. Penn. The following reported after the vacancies were filled as above. They will be appointed as vacancies occur. Edward S. Olcutt, Ky., Univ. N. Y.; John T. Luck, Iowa, Harvard University.

THE FIFTY-FIFTH ANNUAL SESSION OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK was commenced in Albany, as we learn by the *Medical Times*, on Tuesday, the 4th instant. Dr. E. H. Parker, of Poughkeepsie, the

President, on taking the chair, made some interesting remarks on military surgery, and urged the adoption of some plan by which the surgeons of both armies might be allowed to visit the battle-field and minister to the sufferings of the wounded. A communication was received from the Oneida County Medical Society, expressing decided disapprobation of the proposed plan of appointing homœopathic physicians to the post of Army Surgeons. A paper was read by Dr. Bissell, of Utica, on the occurrence of paralysis after diphtheria. The fatality of such cases, in his practice, was about five in nine. Other members had not met with such fatality, and some had not seen paralysis in their practice as the sequel of diphtheria.

STATE ALMSHOUSE AT MONSON.—From the last Annual Report of Dr. J. D. Nichols, Physician to this institution, we gather the following statistics for the year ending the 30th of last September. Number remaining in hospital, Sept. 30, 1860, 60; admitted during the year, 500; births, 18; deaths, 53; discharged, 431; remaining in hospital, 59. No epidemic has prevailed during the year, and the number of admissions to the hospital but slightly exceeded those of the preceding year. Average number in Almshouse, for the year, 590.

THE lectures in Castleton (Vt.) Medical College are to be suspended for the present, on account of disarrangement of plans caused by the war. The Spring Course, therefore, which has recently been advertised in this JOURNAL, will not commence at the time specified.

DR. FRANCIS W. KELLY, of Derby Line, Vt., has been appointed Surgeon, and Dr. Enoch Blanchard, of Lyndon, Assistant Surgeon, of the 7th Vermont Regiment.—Dr. John W. Graves, of Lowell, has received the appointment of Physician and Surgeon to the United States Marine Hospital at Chelsea, and has accepted.—Dr. John Homans, Jr., has been ordered to the gunboat Arostook, now at Charlestown.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 8th, 1862.

DEATHS.

	Males.	*Females*	*Total.*
Deaths during the week,	35	48	83
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	39.0	40 5	79 5
Average corrected to increased population,	..	..	88.66
Deaths of persons above 90,	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
13	0	4	4	7	0	1	1	2

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.—For the week ending Feb. 1st.

Mean height of Barometer,	30.022	Highest point of Thermometer,	38.0
Highest point of Barometer,	30.360	Lowest point of Thermometer,	10 0
Lowest point of Barometer,	29.194	General direction of Wind,	West.
Mean Temperature,	23.3	Am't of Rain (inches), including melted snow,	0.00

TO CORRESPONDENTS.—The letter from Dr. Baker, of Iowa, with its accompanying document, came to hand too late for insertion this week. There are also on file, for publication—Dr. White's Cases of Pityriasis Versicolor, Dr. Spring's paper on Pott's Disease of the Spine, Dr. Welsh's Translation of a paper on Whitlow, and W. S. B.'s note on Oiled Paper in Surgery.

PAMPHLETS RECEIVED.—Amputation of the Cervix Uteri. By J. Marion Sims, M.D., Surgeon to the Woman's Hospital, New York.

DEATHS IN BOSTON for the week ending Saturday noon, February 8th, 83. Males, 35—Females, 48.—Accident, 1—apoplexy, 1—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 5—carbuncle, 1—consumption, 13—convulsions, 4—croup, 4—cyanosis, 3—debility, 1—diarrhœa, 1—diphtheria, 2—dropsy, 1—dropsy of the brain, 3—drowned, 1—dysentery, 1—erysipelas, 2—gastric fever, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 3—infantile diseases, 3—disease of the liver, 2—inflammation of the lungs, 7—marasmus, 2—measles, 2—old age, 1—paralysis, 2—puerperal disease, 2—rheumatism, 1—scrofula, 1—spina bifida, 1—whooping cough, 1—unknown, 2.

Under 5 years of age, 42—between 5 and 20 years, 7—between 20 and 40 years, 23—between 40 and 60 years, 6—above 60 years, 5. Born in the United States, 64—Ireland, 16—other places, 3.